|   | Effective October 1, 2000                |   |                 |                   |                                 |                  |  |                     |                        |           |                         |                        |              |
|---|--|---|-----------------|-------------------|---------------------------------|------------------|--|---------------------|------------------------|-----------|-------------------------|------------------------|--------------|
| CLAIMS AS FILED - PART (Column 1)   |  |   |                 |                   |                                 | (Column 2)       |  | SMALL ENTITY TYPE   |                        | OR        | OTHER THAN SMALL ENTITY |                        |              |
| TOTAL CLAIMS  |  |   |                 |                   |                                 |                  | RATE   | FEE                 |                        | RATE      | FEE                     |                        |              |
| FOR   |  | NUMBER FILED                              |                 | NUMBER EXTRA      |                                 |                  | BASIC FEE                                    | 355.00              | OR                     | BASIC FEE | 710.00                  |                        |              |
| TOTAL CHARGEABLE CLAIMS   |  | 9 minus 20=                               |                 | . 0               |                                 |                  | X\$ 9=                                       |                     | OR                     | X\$18=    | Q                       |                        |              |
| INDEPENDENT CLAIMS  |  | 2 minus 3 =                               |                 | . 0               |                                 |                  | X40=   |                     | OR                     | X80=      | 0                       |                        |              |
| MUL   | TIPLE DEPENDI                            | ENT CLAIM PR                              | RESENT          |                   |                                 |                  |  | +135=               |                        | OR        | +270=                   | ð                      |              |
| * If the difference in column 1 is less than zero, enter "0" in column 2                            |  |   |                 |                   |                                 |                  |  | TOTAL               |                        | OR        | TOTAL                   | 16,00                  |              |
| CLAIMS AS AMENDED - PART II   |  |   |                 |                   |                                 |                  |  |                     |                        |           | OTHER                   |                        |              |
|   |  | (Column 1)                                | · · ·           | (Colu             |                                 | (Column 3)       | _  | SMALL               |                        | OR        | SMALL                   |                        |              |
| MTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI      | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |  | RATE                | ADDI-<br>TIONAL<br>FEE | 1         | RATE                    | ADDI-<br>TIONAL<br>FEE | );<br>;<br>; |
|   | Total                                    | 3 9                                       | Minus           | - 1               | 0                               | =                | ]  | X\$ 9=              |                        | OR        | X\$18≝                  |                        |              |
|   | Independent •                            | 2   | Minus           | ***               | 3.                              | =                | ] :  | X40=                |                        | OR        | X80=                    |                        |              |
|   | FIRST PRESEN                             | TATION OF M                               | ULTIPLE DE      | PENDEN            | T CLAIM.                        |                  | j  | +135=               | esperyee               | OR        | ±270=                   |                        |              |
|   |  |   |                 |                   |                                 |                  | •  | TOTAL               |                        |           | TOTAL                   | : N                    | Š.           |
|   | anta 1                                   |   | نسيسيد.         | :,,               |                                 |                  |  | ADDIT. FEE          |                        | OR        | ADDIT. FEE              |                        |              |
|   | 130104                                   | (Column 1)                                |                 | (Colu             | ımn 2)                          | (Column 3        | <u>)                                    </u> | •                   |                        |           | <u> </u>                | 7                      |              |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUI<br>PREV       | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |  | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |              |
| MO  | Total                                    | 9   | Minus           | ••                | · ·                             | 5                |  | X\$ 9=              | '* \$5                 | OR        | X\$18=                  | والمراجع المراجع       | 1/2          |
| MEN   | Independent                              | · 2/                                      | Minus '         | •••               | 7                               | =                | 4  | X40=                |                        | OR        | X80=                    |                        |              |
| ليا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT |   |                 |                   |                                 |                  | لـ   | +135=               |                        | OR        | +270=                   |                        | I            |
|   |  |   |                 |                   |                                 |                  |  | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE     |                        | 1            |
|   |  | (Column 1)                                |                 | (Coli             | umn 2)                          | (Column 3        | 3)   |                     |                        |           |                         |                        |              |
| AMENDMENT C   |  | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIG<br>NU<br>PREV | MEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA | 1  | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |              |
|   | Total                                    | +   | Minus           | ••                |                                 | =                |  | X\$ 9=              |                        | OR        | X\$18=                  | 1                      |              |
|   | Independent                              | •   | Minus           | •••               |                                 | -                | ]  | X40=                |                        | OF        | X80=                    |                        | 1            |
| 4   | FIRST PRESE                              | NTATION OF A                              | AULTIPLE DE     | PENDE             | NT CLAIM                        |                  |  | +135=               |                        | OR        | 070                     |                        | 1            |
|   |  | na g ip laan shern                        | the enter in co | iumn 2 w          | rile "O" in a                   | olumn 3.         |  | TOTAL               |                        | ┥         | TOTA                    |                        | 4            |
| " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE |  |   |                 |                   |                                 |                  |  |                     |                        | JOF       | ADDIT. FE               |                        | 4            |
|   | 'If the "Highest Nur<br>The "Highest Num |   |                 |                   |                                 |                  |  | lound in the a      | ppropriate b           | ox in (   | column 1.               |                        |              |

Application or Docket Number